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| Date | Client/Matter Number | | |
| May 1, 2006 | 211467-00083 | | MAY 01 2006 |
| From | Attorney Number | | |
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Total number of pages, including cover letter: pages
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Comments

RE: Patent Application No.: 09/240,275
Filing Date: January 29, 1999
Inventor: Harvey L. Berger, et al.
Title: Adaptive Decision Regions and Metrics
Confirmation No.: 7177

Please file the attached:
Transmittal Form (1 p.)
Fee Transmittal Form (1 p.)
Amendments (10pp.)
Petition for Extension of Time (1 p.) in duplicate
Patent Application Fee Determination Record (1 p.)

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PTO/SB/21 (09-04)

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|---|------------------------|--------------------------|--|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/240,275 | RECEIVED CENTRAL FAX CENTER MAY 01 2006 |
| | Filing Date | January 29, 1999 | |
| | First Named Inventor | Harvey L. Berger, et al. | |
| | Art Unit | 2634 | |
| | Examiner Name | Kim, Kevin | |
| Total Number of Pages in This Submission | Attorney Docket Number | | 211467-00083 (12-0892) |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Patent Application Fee Determination Record |
| Remarks | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm Name | Katten Muchin Rosenman LLP | |
| Signature | <i>John S. Paraguanas</i> | |
| Printed name | John S. Paraguanas | |
| Date | 5/1/06 | Reg No. 31,051 |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | |
| Signature | <i>Janelle A. Wiggins</i> | |
| Typed or printed name | Janelle A. Wiggins | Date 5-1-06 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$120.00

Complete if Known

Application Number 09/240,275
Filing Date January 29, 1999
First Named Inventor Harvey L. Berger, et al.
Examiner Name Kim, Kevin
Art Unit 2634
Attorney Docket No. 211467-00083 (12-0892)

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MAY 01 2006

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|
| 50 | 25 |

Each independent claim over 3 (including Reissues)

| | |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

| | |
|-----|-----|
| 360 | 180 |
|-----|-----|

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|--------------|--------------|----------|---------------|

| | | | |
|--------------|---|---|--|
| - 20 or HP = | x | = | |
|--------------|---|---|--|

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

| | | | |
|-------------|---|---|--|
| - 3 or HP = | x | = | |
|-------------|---|---|--|

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
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|---------|--------|--------------------------------|---|--|
| - 100 = | / 50 = | (round up to a whole number) x | = | |
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Penalty for Extension of Time

\$120.00

SUBMITTED BY

| | | |
|------------------------------------|--|--------------------------|
| Signature <u>John S. Paniagua</u> | Registration No. (Attorney/Agent) 31,051 | Telephone (312) 802-6200 |
| Name (Print/Type) John S. Paniagua | | Date 5/1/06 |

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